
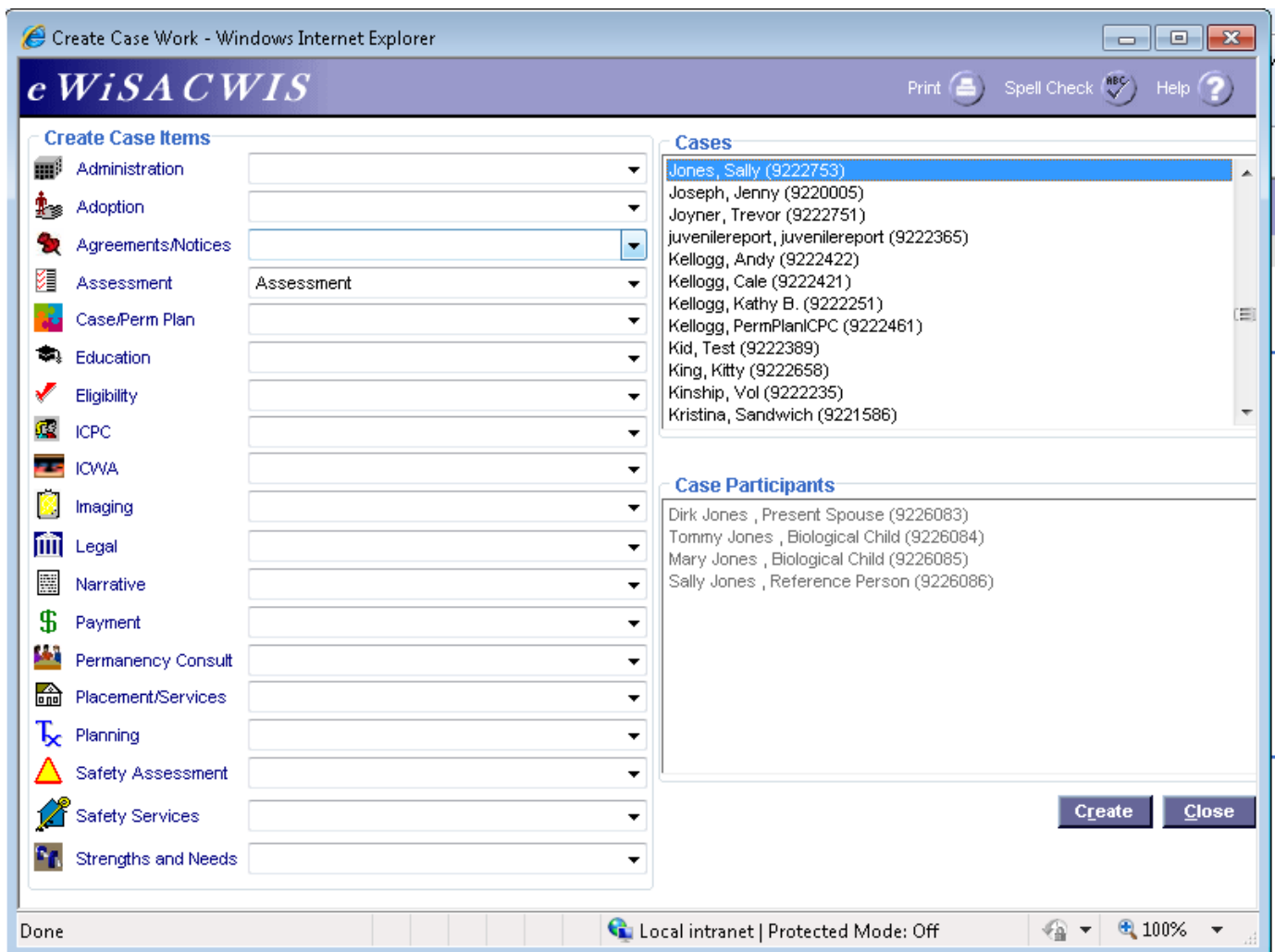


Initial Assessment – Secondary or Non Caregiver

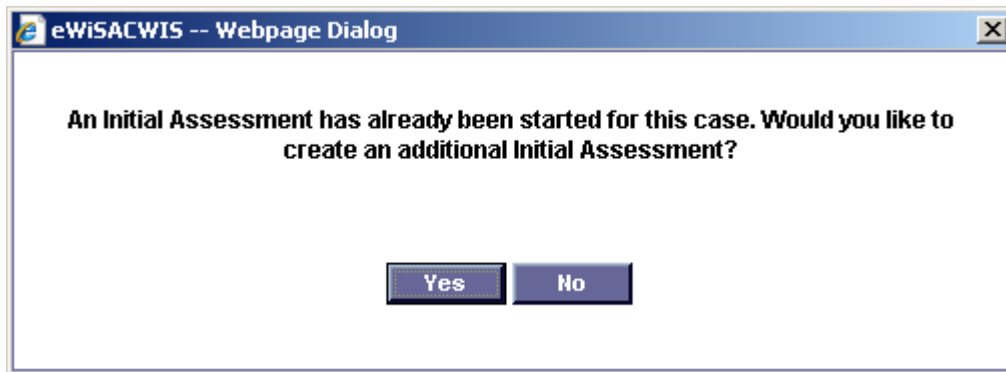
Note: In order to create an Initial Assessment – Secondary or Non Caregiver, an assignment to the case is needed.

1. From the desktop, click Create > Case Work or click the Case Work hot button . This will open the Create Case Work page.
2. On the Create Case Work page, select Assessment from the Assessment drop-down, and then select the family from the Cases group box. Click Create.



The screenshot shows the 'Create Case Work' web application in a Windows Internet Explorer browser window. The page has a purple header with the 'eWiSACWIS' logo and navigation links like 'Print', 'Spell Check', and 'Help'. On the left, a 'Create Case Items' sidebar lists various categories such as Administration, Adoption, Agreements/Notices, Assessment, Case/Perm Plan, Education, Eligibility, ICPC, ICWA, Imaging, Legal, Narrative, Payment, Permanency Consult, Placement/Services, Planning, Safety Assessment, Safety Services, and Strengths and Needs. The 'Assessment' item is selected, and a dropdown menu shows 'Assessment'. On the right, a 'Cases' list box contains several entries, with 'Jones, Sally (9222753)' highlighted. Below this is a 'Case Participants' list showing 'Dirk Jones, Present Spouse (9226083)', 'Tommy Jones, Biological Child (9226084)', 'Mary Jones, Biological Child (9226085)', and 'Sally Jones, Reference Person (9226086)'. At the bottom right of the main content area are 'Create' and 'Close' buttons. The browser's status bar at the bottom indicates 'Done', 'Local intranet | Protected Mode: Off', and a zoom level of '100%'.

3. If a pending assessment exists, you will receive the following message:



Clicking Yes will open the Assessment Report Link page. Clicking No will close the message and return you to your desktop.

4. If a pending assessment does not exist, the Assessment Report Link page will open. This page will show all screened-in CPS Reports that are available to be linked to an Assessment. Select the checkbox for the CPS Report(s) that will be linked to this Assessment. Click the Continue button.

Assessment Report Link -- Webpage Dialog

eWiSACWIS Print Spell Check Help

CPS Reports

	Report Name	Supervisor Screening Date	Date and Time Report was Received
<input type="checkbox"/>	Sally Jones	02/06/2012 13:01:00	02/03/2012 12:25:00

Continue Close

5. The Assessment page opens to the Participants tab. Click the [Roles](#) hyperlink to add the role of Alleged Maltreater to the appropriate participants. At this time you may also add additional active case participants by choosing the Insert button. Select the [Create/View ICWA Record](#) hyperlink to complete the Child's ICWA record.

The screenshot shows the eWiSACWIS web application running in a Windows Internet Explorer browser. The page title is "Assessment - Windows Internet Explorer". The application header includes the "eWiSACWIS" logo and navigation links for "TM", "Print", "Spell Check", "Help", and a "Report" button. Below the header, there are two tabs: "Assessment" and "Report". The "Assessment" tab is active, showing the "Name: Jones, Sally", "Assessment ID: 9222036", and "Status: Open". The "Report" tab shows "Response Time: Within 5 business days" and "Date: 02/03/2012".

The main content area has a tabbed interface with "Participants", "Basic", "Allegations", "Contacts", and "Results". The "Participants" tab is selected, displaying a table titled "Assessment Participants".

Name	Gender	DOB	Race	Roles	Edit Roles
Sally Jones	Female	04/11/1979	White	HM-PR-RN	Roles
Tommy Jones	Male	06/02/2006	White	AV-HM	Roles
Mary Jones	Female	02/25/2002	White	AV-HM	Roles
Dirk Jones	Male	08/09/1975	White	HM-PR	Roles

Below the table, there is a link "Create/View ICWA Record" and an "Insert" button. At the bottom of the main content area, there is an "Options:" dropdown menu and a "Go" button. To the right of the "Options:" dropdown are "Save" and "Close" buttons.

The browser's status bar at the bottom shows "Done", "Trusted sites | Protected Mode: Off", and a zoom level of "100%".

6. Click on the Basic tab. Select the Living Arrangement of the Child(ren) value that is most applicable. For the Family Characteristics/Conditions, select 'Not Applicable – No allegation relating to primary caregiver' since this is a secondary or non-caregiver assessment.

The screenshot shows the eWiSACWIS web application running in a Windows Internet Explorer browser. The page has a purple header with the eWiSACWIS logo and navigation links (TM, Print, Spell Check, Help). Below the header, there are two tabs: 'Assessment' and 'Report'. The 'Assessment' tab is active, showing the following information:

- Name: Jones, Sally
- Assessment ID: 9222036
- Status: Open
- Response Time: Within 5 business days
- Date: 02/03/2012

The main content area has five tabs: 'Participants', 'Basic', 'Allegations', 'Contacts', and 'Results'. The 'Basic' tab is selected, displaying the following sections:

- Case Name Information**
 - C/O:
 - Street #: 123 Street:
 - Apt.:
 - City: Waldo State: WI Zip: 53093 Country: United States
 - Phone: Ext.: Alt. Phone: Alt. Ext.:
 - Fax:
 - Language Preference: English
- Living Arrangement of the Child(ren)**
 - Living Arrangement of the Child(ren): Married two parent household, with two biological/adoptive parents
- Family Characteristics/Conditions**
 - Family Characteristics/Conditions: Not Applicable - No allegation relating to primary caregiver
 - Family Characteristics/Conditions:
 - Family Characteristics/Conditions:

At the bottom of the form, there is an 'Options:' dropdown menu, a 'Go' button, and 'Save' and 'Close' buttons. The browser's status bar at the bottom shows 'Done', 'Trusted sites | Protected Mode: Off', and a zoom level of 100%.

7. The Allegations tab will pre-fill with the allegations documented on the CPS Report.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment Name: Jones, Sally Assessment ID: 9222036 Status: Open **Report** Response Time: Within 5 business days Date: 02/03/2012

Participants Basic **Allegations** Contacts Results

Allegations

Report ID	Alleged Victim	A/N Code	Determination	Dt or Approx Dt of Alleged Mal	Resided in OHC	Medical	Fatality	
9238179	Mary Jones	Neglect Describe	Pending	02/01/2012	N		N	Edit
9238179	Tommy Jones	Neglect Describe	Pending	02/01/2012	Y		N	Edit

[Insert](#)

Maltreater(s)

Alleged Maltreater	Relationship to Victim	Determination
	Biological Parent(s)	Pending

[Insert](#)

☐ Independent Investigation County of Origination: ☐ Is the alleged victim(s) in Agency legal and/or physical custody

[Save](#) [Close](#)

Done Trusted sites | Protected Mode: Off 100%

- Complete the allegation(s) by selecting the [Edit](#) hyperlink, which will open the Allegation (Assessment) page. When completing an existing allegation that was entered on the Access Report page, enter a maltreatment determination, date of maltreatment, answer the medical treatment question, and if the allegation is a serious incident identify the type of serious incident. Select the maltreatment determination.
- Add any additional allegations using the 'Insert' button located in the lower-right corner, which will open the Allegation (Assessment) page (see the following steps to insert a new allegation).

8. For a new allegation, select an Alleged Victim from the drop-down. Select the type of abuse or neglect from the Abuse/Neglect Code drop-down.

Allegation (Assessment) -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Allegation

Alleged Victim: Mary Jones

Abuse/Neglect Code:

[Description](#)

Determination:

Date or Approximate Date of Alleged Maltreatment:

Alleged Victim received medical treatment as a result of this alleged maltreatment: ☐ Yes ☐ No

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☐ No ☐ Unknown

Serious Incident: ☐ Yes ☐ No

☐ Death / Alleged maltreatment [Details](#)

☐ Death / Alleged suicide OHC

☐ Serious injury [Details](#)

☐ Egregious incident [Details](#)

[DCF memo 2010-01](#) [Act 78](#)

Save Close

9. Select the [Description](#) hyperlink. This will open the Description page. Select up to three values that apply and click Continue.

Description -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Descriptions

Select	Description	Select	Description	Select	Description
<input type="checkbox"/>	Abandonment	<input type="checkbox"/>	Lack of Supervision	<input type="checkbox"/>	Sexually Transmitted Disease
<input type="checkbox"/>	Abusive Head Trauma	<input type="checkbox"/>	Malnutrition	<input type="checkbox"/>	Shaken Baby/Shaken Impact
<input type="checkbox"/>	Blunt Force Trauma	<input type="checkbox"/>	Manufacturing Meth	<input type="checkbox"/>	Subdural Hemorrhage/ Hematoma
<input type="checkbox"/>	Bruising	<input type="checkbox"/>	Medical Crisis-No Care b/c of Religion	<input type="checkbox"/>	Threatened Abuse/Neglect
<input type="checkbox"/>	Burn/Scald	<input type="checkbox"/>	Medical Neglect of a Disabled Infant	<input type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	Cut/Laceration/Bite	<input type="checkbox"/>	Mutual Sexual Activity	<input type="checkbox"/>	Unable to Locate Children
<input type="checkbox"/>	Dislocation/Sprain/ Bone Fracture	<input type="checkbox"/>	No Indicators/Injuries Observed	<input type="checkbox"/>	Unborn Child Abuse
<input type="checkbox"/>	Drug Affected Infant	<input type="checkbox"/>	Other Indicator/Injury	<input type="checkbox"/>	Untreated Injury/Lack of Medical Care
<input type="checkbox"/>	Exposure to Elements or Environmental Hazards	<input type="checkbox"/>	Other Medical Neglect		
<input type="checkbox"/>	Exposure to genitals/pubic areas	<input type="checkbox"/>	Permanent Impairment		
<input type="checkbox"/>	Failure to Thrive	<input type="checkbox"/>	Pregnancy		
<input type="checkbox"/>	Forced Viewing of Sexual Activity	<input type="checkbox"/>	Prostitution		
<input type="checkbox"/>	Genital Area Bruising, Red/Swollen, Fissures/Tears	<input type="checkbox"/>	Retinal Hemorrhage		
<input type="checkbox"/>	Internal Injury	<input type="checkbox"/>	Serious Lack of Hygiene		
<input type="checkbox"/>	Lack of Care Due to Poverty	<input type="checkbox"/>	Severe Emotional/Behavioral Problems		
<input type="checkbox"/>	Lack of Necessary Care	<input type="checkbox"/>	Sexual Contact/Intercourse		
		<input type="checkbox"/>	Sexual Exploitation		

Continue Close

10. Enter the Date or Approximate Date of Alleged Maltreatment. Answer the question if the alleged maltreatment occurred while the child's residence was an out of home care placement.
 11. Select whether the alleged maltreatment resulted in serious incident. If 'Yes,' select the appropriate checkboxes related to the serious incident. You can click on the [DCF memo 2010-01](#) hyperlink to access the memo regarding Child Welfare Public Disclosure 2009 Wisconsin Act 78. To access the 2009 Wisconsin Act 78, select the [Act 78](#) hyperlink.
- Note:** If a death has occurred, see the section "Recording a Date of Death for a Child" of this guide.
12. Click Save and Close to return to the Assessment page.

Allegation (Assessment) -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Allegation

Alleged Victim: Mary Jones

Abuse/Neglect Code: Physical Abuse

[Description](#) Blunt Force Trauma

Determination: Substantiated

Date or Approximate Date of Alleged Maltreatment: 02/06/2012

Alleged Victim received medical treatment as a result of this alleged maltreatment: ☐ Yes ☒ No

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☒ No ☐ Unknown

Serious Incident: [Details](#)

☐ Death / Alleged maltreatment [Details](#)

☐ Death / Alleged suicide OHC

☒ Serious injury [Details](#)

☐ Egregious incident [Details](#)

[DCF memo 2010-01](#) [Act 78](#)

Save Close

13. Once the Allegation (Assessment) page is completed you are returned to the Allegations tab on the Assessment page. The next step is to complete the Maltreater(s) group box.
- Each allegation may have different maltreaters. Select the radio button next to the allegation to view the maltreater(s) for that allegation.
 - There must be at least one substantiated maltreater when the maltreatment has been substantiated.
 - If maltreatment is unsubstantiated, all maltreaters will default to unsubstantiated.
 - Only individuals that were given the role of Alleged Maltreater on the Participants tab will be available in the Alleged Maltreater drop-down.
 - Additional Maltreaters for an allegation are added using the Insert button in the Maltreater(s) group box. For example, when both parents are alleged maltreaters, only one maltreater row will exist from the access report. Insert an additional row for the second parent.

The screenshot shows the eWiSACWIS web application in a Windows Internet Explorer browser window. The page title is "Assessment - Windows Internet Explorer". The application header includes the eWiSACWIS logo and navigation links: TM, Print, Spell Check, and Help. The main content area is divided into two tabs: "Assessment" and "Report". The "Assessment" tab is active, showing details for "Name: Jones, Sally", "Assessment ID: 9222036", and "Status: Open". The "Report" tab shows "Response Time: Within 5 business days" and "Date: 02/03/2012". Below the tabs is a navigation bar with links: Participants, Basic, Allegations (selected), Contacts, and Results. The "Allegations" section contains a table with columns: Report ID, Alleged Victim, A/N Code, Determination, Dt or Approx Dt of Alleged Mal, Resided in OHC, Medical, Fatality, and an action column. The table has three rows of data. The first row is selected with a radio button. Below the table is an "Insert" button. The "Maltreater(s)" section contains a table with columns: Alleged Maltreater, Relationship to Victim, Determination, and an action column. The first row is selected with a radio button. Below the table is an "Insert" button. At the bottom of the form are checkboxes for "Independent Investigation" and "Is the alleged victim(s) in Agency legal and/or physical custody", a "County of Origination" dropdown, and "Save" and "Close" buttons. The browser status bar at the bottom shows "Done", "Trusted sites | Protected Mode: Off", and "100%".

Report ID	Alleged Victim	A/N Code	Determination	Dt or Approx Dt of Alleged Mal	Resided in OHC	Medical	Fatality	
<input checked="" type="radio"/> 9238179	Mary Jones	Neglect Describe	Pending	02/01/2012	N		N	Edit
<input type="radio"/> 9238179	Tommy Jones	Neglect Describe	Pending	02/01/2012	Y	Y	N	Edit
<input type="radio"/> 9238179	Mary Jones	Physical Abuse Describe	Substantiated	02/06/2012	N	N	N	Edit Delete

[Insert](#)

Alleged Maltreater	Relationship to Victim	Determination	
<input type="radio"/>	Biological Parent(s)	Pending	

[Insert](#)

☐ Independent Investigation County of Origination: ☐ Is the alleged victim(s) in Agency legal and/or physical custody

[Save](#) [Close](#)

14. The Contacts tab is view only, displaying the linked Assessment Contacts. See the 'Assessment Contact' and 'Initial Face to Face Contact' Quick Reference Guides for more information.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment Name: Jones, Sally Assessment ID: 9222036 Status: Open **Report** Response Time: Within 5 business days Date: 02/03/2012

Participants Basic Allegations **Contacts** Results

Contacts

Note ID	Name	Affiliation/Relationship	Title	Date	Contact Date/Time
9223452	Jones, Sally			02/06/2012	02/06/2012 01:00 PM
9223452	Jones, Tommy			02/06/2012	02/06/2012 01:00 PM

Save Close

Done Trusted sites | Protected Mode: Off 100%

15. The Results tab is mostly view only and pre-fills information from the Initial Assessment – Secondary or Non Caregivers and the Safety Assessment, Analysis and Plan when those are completed. Select the [Create Initial Face-to-face Contact Note](#) hyperlink. This will open the Case Notes page.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment
Name: Jones, Sally Assessment ID: 9222036 Status: Open

Report
Response Time: Within 5 business days Date: 02/03/2012

Participants Basic Allegations Contacts **Results**

Assessment Results
Result: **Substantiated**

Disposition

Family RA Future A/N
Abuse Score:
Neglect Score:
Risk Level:

Safety Assessment
Safety Decision: **Unsafe**

Strengths and Needs
Needs Level:

Initial Face-to-Face Contact Information
Initial Face-to-Face Must Occur By: 02/10/2012 12:25 PM [CPS Report 9238179](#) [Create Initial Face-to-Face Contact Note](#)
Initial Face-to-Face Documented:

Options: [Dropdown] **Go** **Save** **Close**

Done Trusted sites Protected Mode: Off 100%

Note: After the page is saved, the Initial Face-to-Face Contact Information automatically calculates when the Initial Face-to-Face Must Occur By.

The Category and Type will pre-fill as an Initial Assessment Contact with Type of Initial Face-to-Face. Complete the remainder of this page accordingly. Select Save and then Close. You will return to the Results tab of the Assessment page.

Case Notes -- Webpage Dialog

eWiSACWIS
Print
Spell Check
Help

Case: Jones, Sally (9222753)
Worker Creating Note: Cake, Caitlin M.
Worker Making Contact: Cake, Caitlin M.
Search

Case Note ID: 9223452
Date Entered: 02/06/2012 02:22 PM
☐ Note Finalized
☐ Contact By Designee

Note Information

Date: 02/06/2012
Begin Time: 01:00 AM PM
End Time: 00:00 AM PM
Duration: 0000.0
☐ Billable

Category: Initial Assess Contact
Type: Initial Face-to-Face
Type Detail:
Face-to-Face Location: Details
Face-to-Face Result: Occurred

☐ View Inactive Participants
Participants:

Jones, Dirk (Present Spouse)
Jones, Mary (Bio Child)
Jones, Robert (Bio Child)
Jones, Sally (Reference Person)
Jones, Tammy (Bio Child)
Jones, Tommy (Bio Child)

Hold down the 'Ctrl' key for multi-selection
Add Contacts

Narrative

Case Note 1/1 Details

Enter narrative text here...

More... Less... Default

Options:
Go
Insert Correction Note
Clear Fields
Create
Save
Close

When you return to the Assessment page, it displays when the initial face-to-face contact was documented. Inclusion of this functionality is to help ensure workers complete and document the initial face-to-face contact in a timely and accurate manner.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment Name: Jones, Sally Assessment ID: 9222036 Status: Open **Report** Response Time: Within 5 business days Date: 02/03/2012

Participants Basic Allegations Contacts **Results**

Assessment Results
Result: **Substantiated**

Disposition

Family RA Future A/N
Abuse Score:
Neglect Score:
Risk Level:

Safety Assessment
Safety Decision: **Unsafe**

Strengths and Needs
Needs Level:

Initial Face-to-Face Contact Information
Initial Face-to-Face Must Occur By: 02/10/2012 12:25 PM [CPS Report 9238179](#) [Create Initial Face-to-Face Contact Note](#)
Initial Face-to-Face Documented: 02/06/2012 01:00 PM [Case Note ID 9223452](#)

Options: Go

Done ☐ ☐ ☐ ☐ ☐ ☒ Trusted sites | Protected Mode: Off

16. If allegations rise to the level of a serious incident, Wisconsin Act 78 requires county agencies and the Bureau of Milwaukee Child Welfare (BMCW) to report these incidents to the Division of Safety & Permanence (DSP) within 2 working days of the agency learning about the incident. To notify the DSP of a serious incident allegation, select Serious Incident Notification from the Options drop-down on the Results tab and complete the Serious Incident Notification page.

The Serious Incident Notification page is a combination of user-entered and pre-filled information. The Name – County or State Agency pre-fills with the county of the worker, but can be edited.

Enter the Name – Agency Contact Person, Title, and Phone for the agency contact.

The Case Name, Case ID, Date of Incident, Number of Children Involved in This Incident, Check all that apply, and Child Information will pre-fill from the Allegation (Assessment) page on the Allegations tab of the Assessment page.

If the Serious Injury checkbox is selected, answer the ‘For “Serious Injury,” did a physician confirm the child’s condition as serious or critical?’ question.

Select the appropriate checkbox in the ‘Check one to describe current case status at the time of the incident’ group box.

Serious Incident Notification -- Webpage Dialog

eWiSACWIS Print Spell Check ABC Help ?

☒ Send Serious Incident Notification to DCF Date Sent: Sent By:

Information

Name - County or State Agency: Milwaukee

Name - Agency Contact Person: Mariah Smith

Title: Superintendent Phone: (608)555-1212 Ext:

Case Name (Last, First, MI): Jones, Sally Case ID: 9222753

Date of Incident: 02/23/2011 Number of Children Involved in This Incident: 1

Check all that apply: ☐ Death / Alleged Maltreatment ☐ Death / Alleged Suicide ☒ Serious Injury ☐ Egregious Incident

For "Serious Injury," did a physician confirm the child's condition as serious or critical? ☐ Yes ☐ No

Child Information

Name	Gender	DOB	Age	Race
Jones, Mary	Female	02/25/2002 9		White

Check one to describe current case status at the time of the incident

☐ Open CPS case - child in OHC placement Type of out-of-home-care placement:

☐ Open CPS case - receiving in-home services

☐ Open case with agency - not CPS

☒ An Access report on this child or family was received within the past 12 months

☐ An Access report on this child or family was received more than 12 months prior to this incident

Save Close

The three narrative fields in the Narrative group box are also required. The 'Additional information' narrative field is optional. Choose the 'Yes' or 'No' radio button to the statement, 'Child, family, or alleged maltreater is known to child welfare.'

The screenshot shows a web browser window titled 'Serious Incident Notification -- Webpage Dialog'. The page header features the 'eWiSACWIS' logo and navigation links for Print, Spell Check, and Help. The main form area includes a checkbox labeled 'Send Serious Incident Notification to DCF' which is checked. To its right are fields for 'Date Sent:' and 'Sent By:'. Below these are four text input fields, each preceded by a descriptive label: 'Description of incident including suspected cause of child's death, serious injury, or egregious incident.', 'Summarize actions taken by agency in response to this incident.', 'Referrals made by the county agency (list all agencies receiving referral).', and 'Additional information (Optional)'. Each text field contains the placeholder text 'Enter required text here...' or 'Enter optional text here...'. To the left of each text field are links for 'More...', 'Less...', and 'Default'. At the bottom of the form is a section titled 'Child Welfare System History' containing the statement 'Child, family, or alleged maltreater is known to child welfare.' with 'Yes' and 'No' radio buttons. Below this is a 'Serious Incident Verification' section with a play button icon. At the bottom right are 'Save' and 'Close' buttons.

Once all fields have been completed, select the 'Send Serious Incident Notification to DCF' checkbox at the top and click 'Save' to automatically send the Serious Incident Notification to DSP. DSP will receive an email for the serious incident.

This is a close-up screenshot of the top portion of the 'eWiSACWIS' form. It focuses on the checkbox labeled 'Send Serious Incident Notification to DCF', which is checked and circled in red. To the right of the checkbox are the 'Date Sent:' and 'Sent By:' labels. Below the checkbox is an 'Information' link. The browser window title and header are also visible.

The Serious Incident Verification expando may be expanded at any time. The fields under this expando become enabled only after the 'Send Serious Incident Notification to DCF' checkbox has been checked. DSP will review the Serious Incident Notification and will document their findings in this area. Click Close to return to the Assessment page.

Note: See the section at the end of this guide for the 90-day Summary Report.

Serious Incident Notification -- Webpage Dialog

eWiSACWIS Print Spell Check Help

☒ Send Serious Incident Notification to DCF Date Sent: 02/06/2012 Sent By: Daisy, Dan

[More...](#) [Less...](#) [Default](#)

Referrals made by the county agency (list all agencies receiving referral).

Enter required text here ...

[More...](#) [Less...](#) [Default](#)

Additional information (Optional).

Enter optional text here ...

[More...](#) [Less...](#) [Default](#)

Child Welfare System History

Child, family, or alleged maltreater is known to child welfare. ☒ Yes ☐ No

Serious Incident Verification

Tracking Number: 4 Verified By: Daisy, Dan Verified Date: 02/06/2012

The DSP has reviewed this incident notification and finds that it does qualify as an incident of child death, serious injury, egregious incident or suspected suicide of a child in OHC placement under s. 48.981(7)(cr), Child Welfare Public Disclosure Act 78.

Save Close

17. Back on the Basic tab under the Options drop-down, select IA Secondary or Non Caregivers and click Go.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment Name: Jones, Sally Assessment ID: 9222036 Status: Open **Report** Response Time: Within 5 business days Date: 02/03/2012

Participants Basic Allegations Contacts Results

Case Name Information

C/O:

Street #: 123 Street: Main Street Apt.:

City: Waldo State: WI Zip: 53093 Country: United States

Phone: Ext.: Alt. Phone: Alt. Ext.:

Fax:

Language Preference: English

Living Arrangement of the Child(ren)

Living Arrangement of the Child(ren): Married two parent household, with two biological/adoptive parents

Family Characteristics/Conditions

Family Characteristics/Conditions: Not Applicable - No allegation relating to primary caregiver

Family Characteristics/Conditions:

Family Characteristics/Conditions:

Options: IA Secondary or Non Caregivers Go Save Close

Assessment
Clinical
IA Primary
IA Secondary or Non Caregivers
Actuarial
IA Narrative
Family RA Future A/N
Strengths and Needs
Actions
Extension

Done Trusted sites | Protected Mode: Off 100%

The following message will appear. Click 'Yes' to continue to the IA – Secondary or Non Caregiver or 'No' if you want to return to the Assessment page and not save.

eWiSACWIS -- Webpage Dialog

This will save the Assessment Information. Do you want to continue?

Yes No

18. The Initial Assessment – Secondary or Non Caregivers page will open to the Participants tab. This is where the child(ren) and adult(s) that are part of the assessment are added. Use the Add/Edit buttons in each group box to add the participants. The Add/Edit button opens the Case Participants/Collaterals page.

Initial Assessment-Secondary or Non Caregivers -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

Case Information

Case Name: Jones, Sally Case ID: 9222753 Referral Date: 02/03/2012 ☐ IA Completed

Participants | Narratives | Summary

Child Information

Child Name	DOB
Jones, Tommy	06/02/2006
Jones, Mary	02/25/2002

Add/Edit

Parent Information

Parental Role Name	DOB
Jones, Dirk	08/09/1975
Jones, Sally	04/11/1979

Add/Edit

Save Close

19. Select the checkbox next to the participant(s) to be added to the assessment. Select Continue.

Case Participants/Collaterals -- Webpage Dialog

eWiSACWIS Spell Check Help

Case Participants - Children

Select	Person Name	DOB
<input type="checkbox"/>	Jones, Dirk	08/09/1975
<input checked="" type="checkbox"/>	Jones, Tommy	06/02/2006
<input checked="" type="checkbox"/>	Jones, Mary	02/25/2002
<input type="checkbox"/>	Jones, Sally	04/11/1979

Continue Close

20. On the Narratives tab, complete the Maltreatment, Surrounding Circumstances, and Child and Family's Response to Maltreatment narrative sections.

Initial Assessment-Secondary or Non Caregivers -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

Case Information

Case Name: Jones, Sally Case ID: 9222753 Referral Date: 02/03/2012 ☐ IA Completed

Participants Narratives Summary

Maltreatment

Describe the maltreatment that occurred. Be specific about the injuries and/or conditions. If the child(ren) received medical attention, describe the findings.

enter info here...

Surrounding Circumstances

Describe the surrounding circumstances accompanying or leading up to the maltreatment. **Note:** This narrative section should always include the facility's or other responsible adult's explanation of circumstances even if the finding is no maltreatment.

enter info here...

Child and Family's Response to Maltreatment

Document findings as required by the Investigation Standards for responding to reports of maltreatment in facilities, by other secondary caregivers, or by non-caregivers. Generally, this information includes the child's response to the maltreatment, the parental reaction and actions to provide protection and services, if needed, and the response of the part

Save Close

21. On the Summary tab, complete the Case Disposition and Correspondence group boxes. The Summary group box identifies the closing summary and supervisory comments.

Initial Assessment-Secondary or Non Caregivers -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

Case Information

Case Name: Jones, Sally Case ID: 9222753 Referral Date: 02/03/2012 ☒ IA Completed

Participants Narratives Summary

Case Disposition

☐ Case Closed Reason Case Closed:
☒ Case Opened Reason Case Opened: Case Already Open-Ongoing CPS Svcs: Ptn

Correspondence

Mandated Reporter

☐ Not applicable
Date mandated reporter given feedback: 00/00/0000

Relative Reporter

☐ Not applicable
☐ Documented request for information received from relative reporter: 00/00/0000
☐ Date Letter Sent: 00/00/0000 OR Date of Court Order Barring Disclosure: 00/00/0000

Licensing Notification

☐ Not applicable
Date Licensing/Regulatory Agency Notified: 00/00/0000

Summary

Closing Summary/Supervisor Comments (Include any referrals to community resources that were made):

Options: IA Secondary or Non Caregivers Go Save Close

22. Select IA Secondary or Non Caregivers from the Options drop-down and click 'Go' to open the text template.
23. When the IA Secondary or Non Caregiver is complete, check the IA Completed checkbox. This checkbox must be checked prior to approval. Click Save, and then Close to return to the Assessment page.

24. This returns you to the Basic tab of the Assessment page. Verify the information on all tabs is complete and proceed to the Participants tab for Approval.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment Name: Jones, Sally Assessment ID: 9222036 Status: Open **Report** Response Time: Within 5 business days Date: 02/03/2012

Participants Basic Allegations Contacts Results

Case Name Information

C/O:
Street #: 123 Street:
Apt.:
City: Waldo State: WI Zip: 53093 Country: United States
Phone: Ext.: Alt. Phone: Alt. Ext.:
Fax:
Language Preference: English

Living Arrangement of the Child(ren)

Living Arrangement of the Child(ren): Married two parent household, with two biological/adoptive parents

Family Characteristics/Conditions

Family Characteristics/Conditions: Not Applicable - No allegation relating to primary caregiver
Family Characteristics/Conditions:
Family Characteristics/Conditions:

Options: Go Save Close

Done Trusted sites | Protected Mode: Off 100%

25. If during the Initial Assessment a new CPS Report is screened in, you can link that CPS Report to this assessment. From the Participants tab, select Link Report to Assessment from the Options drop-down and click Go.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment
 Name: Jones, Sally Assessment ID: 9222036 Status: Open **Report**
 Response Time: Within 5 business days Date: 02/03/2012

Participants Basic Allegations Contacts Results

Assessment Participants

Name	Gender	DOB	Race	Roles	Edit Roles
Sally Jones	Female	04/11/1979	White	HM-PR-RN	Roles
Mary Jones	Female	02/25/2002	White	AV-HM	Roles
Dirk Jones	Male	08/09/1975	White	HM-PR	Roles
Tommy Jones	Male	06/02/2006	White	AV-HM	Roles

[Create/View ICWA Record](#) **Insert**

Options: **Save** **Close**

Done **Actions**
 Approval
 Link Report to Assessment

Trusted sites | Protected Mode: Off 100%

On the Assessment Report Link page, select the appropriate CPS Report(s) and then click Continue. This will automatically associate the CPS Report to this Assessment and return you to the Assessment page.

Assessment Report Link -- Webpage Dialog

eWiSACWIS Print Spell Check Help

CPS Reports

	Report Name	Supervisor Screening Date	Date and Time Report was Received
<input checked="" type="checkbox"/>	Sally Jones	02/12/2012 10:46:00	02/09/2012 14:45:00

Continue **Close**

26. From the Participants tab, select Approval from the Options drop-down and click Go. On the Approval History page, select the Approve radio button and click Continue. You are returned to the Assessment page. Click Save to send the assessment to your supervisor for approval.

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment
Name: Jones, Sally Assessment ID: 9222036 Status: Open

Report
Response Time: Within 5 business days Date: 02/03/2012

Participants Basic Allegations Contacts Results

Assessment Participants

Name	Gender	DOB	Race	Roles	Edit Roles
Sally Jones	Female	04/11/1979	White	HM-PR-RN	Roles
Mary Jones	Female	02/25/2002	White	AV-HM	Roles
Dirk Jones	Male	08/09/1975	White	HM-PR	Roles
Tommy Jones	Male	06/02/2006	White	AV-HM	Roles

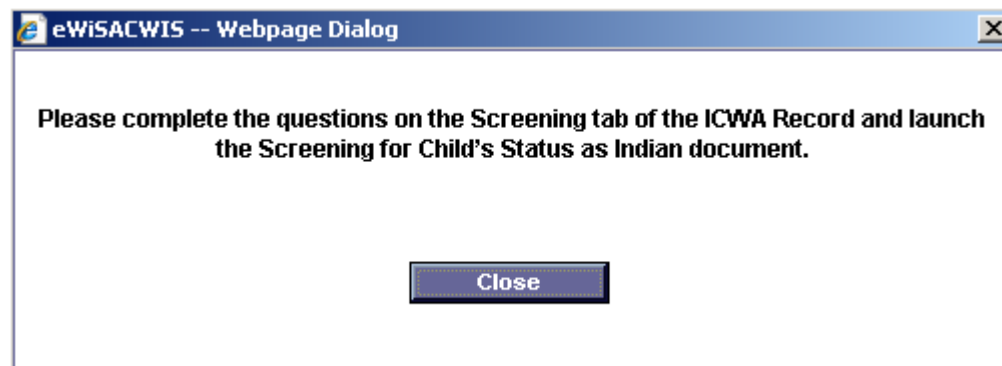
[Create/View ICWA Record](#) [Insert](#)

Options: [Save](#) [Close](#)

Done **Actions**
Approval
Link Report to Assessment

Trusted sites | Protected Mode: Off 100%

27. You will be reminded to complete the questions on the Screening tab of the ICWA Record.



28. To create or view an ICWA record for a child, click the [Create/View ICWA Record](#) hyperlink at the lower left of the Participants tab on the Assessment page (see step 5 above). For more information regarding completing the ICWA Record see the Documenting ICWA Quick Reference Guide.

Switching an Initial Assessment Type

If an incorrect type of Initial Assessment (e.g. IA Primary or IA Secondary) has been entered, it can be switched prior to approval. As different information is collected based on the type of Initial Assessment, most information will not ‘copy’ over when switched; rather this allows you to replace the original Initial Assessment with the correct IA type.

1. Once an Initial Assessment has been entered and saved, ‘Switch Assessment Type’ will appear on the Options drop-down of the Basic tab on that IA. To switch the IA type, select ‘Switch Assessment Type’ and click Go.

The screenshot displays the eWiSACWIS UAT web application interface. The browser window title is "Assessment - Windows Internet Explorer". The application header includes the logo "eWiSACWIS UAT" and navigation links for Resource, TM, Print, Spell Check, and Help. The main content area is divided into two tabs: "Assessment" and "Report". The "Assessment" tab is active, showing the following information:

- Name: Winter, Mom
- Assessment ID: 9221811
- Status: Open
- Response Time: Same Day
- Date: 08/01/2013

Below this information is a navigation bar with tabs: Participants, Basic, Allegations, Contacts, and Results. The "Basic" tab is selected, displaying the following sections:

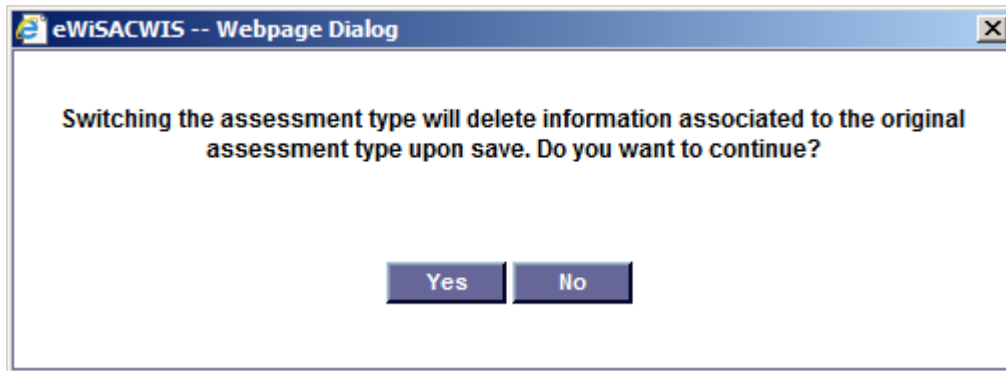
- Case Name Information**
 - C/O:
 - Street #: 123 Street: Crystal Place
 - Apt.:
 - City: Middleton State: WI Zip: 53562 Country: United States
 - Phone: (608)565-1212 Ext.: Alt. Phone: Alt. Ext.:
 - Fax:
 - Language Preference: English
- Living Arrangement of the Child(ren)**
 - Living Arrangement of the Child(ren): Married two parent household, with two biological/adoptive parents
- Family Characteristics/Conditions**
 - Family Characteristics/Conditions: Alcohol abuse by caregiver (no drugs apparent/significant)
 - Family Characteristics/Conditions:
 - Family Characteristics/Conditions:

At the bottom of the form, there is an "Options:" section with a dropdown menu set to "Switch Assessment Type" and a "Go" button. The dropdown menu is open, showing the following options:

- Assessment
- Clinical
- IA Primary
- Switch Assessment Type
- Actuarial
- IA Narrative
- Family RA Future A/N
- Strengths and Needs
- Actions
- Extension

Buttons for "Save" and "Close" are also visible. The browser status bar shows "100%" zoom.

2. The following message will display. To continue click 'Yes'.



3. The opposite type of Initial Assessment will automatically be launched. So, if an IA Primary was originally entered, the IA Secondary will automatically be launched, and vice versa.
4. Enter information for that IA type and Save when finished.

Recording a Date of Death for a Child

A date of death for a child can be recorded on the following pages: Person Management, Allegation (Access Report), Allegation (Assessment), Serious Incident Notification, and Placement & Service Ending.

In Assessment, the field will dynamically display if a death is indicated on the page and is required when a determination other than pending is selected. If a Death Date is already entered on Person Management, the date pre-fills to the page. If a Death Date is changed on the Allegation page, Death Date on Person Management will be updated after the Assessment is approved. The Death Date field will always remain editable on Person Management but will freeze on the Assessment and will not be able to be changed after it has been approved.

Allegation (Assessment) -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Allegation

Alleged Victim: Adopt Abby

Abuse/Neglect Code: Physical Abuse

Description: Blunt Force Trauma

Determination: Pending

Date or Approximate Date of Alleged Maltreatment: 10/01/2013

Alleged Victim received medical treatment as a result of this alleged maltreatment: ☐ Yes ☒ No

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☒ No ☐ Unknown

Serious Incident: ☒ Yes ☐ No

☒ Death / Alleged maltreatment [Details](#)

☐ Death / Alleged suicide OHC

☐ Serious injury [Details](#)

☐ Egregious incident [Details](#)

[DCF memo 2010-01](#) [Act 78](#)

Death Date: 00/00/0000

[Save](#) [Close](#)

Note: The Death Date on an approved Access Report or Assessment, or the most recently entered date of death in Person Management will prefill to the Serious Incident Notification. The Death Date field displays when the Death/Alleged Maltreatment or Death/ Alleged Suicide checkbox is selected on the page.

Creating the 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Once DSP has identified that an incident qualifies as a serious incident, eWiSACWIS automatically generates a 90-Day Summary Report Serious Incident tickler on the Primary worker's desktop. The tickler due date is 60 days from the date DSP indicates 'Yes' under the Serious Incident Verification expando on the Serious Incident Notification page.

1. To launch the 90-Day Summary Report, open the associated Serious Incident Notification under the case (either from Access Reports or Assessment). On the Serious Incident Notification page, select 90-Day Summary Report from the Options drop-down and click Go. This opens the Notices History page.

Windows Internet Explorer window titled "Serious Incident Notification - Windows Internet Explorer".

eWiSACWIS header with navigation links: Print, Spell Check, Help.

☒ Send Serious Incident Notification to DCF Date Sent: 06/07/2013 Sent By: Cake, Caitlin M.

notifications made by the county agency (not all agencies receiving notification).

Enter required text here...

[More...](#) [Less...](#) [Default](#)

Additional information (Optional).

Enter optional text here...

[More...](#) [Less...](#) [Default](#)

Child Welfare System History

Child, family, or alleged maltreater is known to child welfare. ☐ Yes ☒ No

Serious Incident Verification

Tracking Number: 123456 Verified By: Cake, Caitlin M. Verified Date: 06/07/2013

The DSP has reviewed this incident notification and finds that it does qualify as an incident of child death, serious injury, egregious incident or suspected suicide of a child in OHC placement under s. 48.981(7)(cr), Child Welfare Public Disclosure Act 78.

Text here...

[More...](#) [Less...](#) [Default](#)

Options:

Done **90-Day Summary Report** Local intranet | Protected Mode: Off 100%

2. On the Notices History page, click the 'Insert' button to create a new report. Click the [Edit](#) hyperlink to launch the template.

Notices History -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

Case: [Oconomowoc, Mother \(9222162\)](#)
Document: 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

History

Document Created By :	Date Created	Sent		
Cake, Caitlin M.	06/07/2013		Edit	Delete

[Edits/Views 90-Day Summary document](#)

[Insert](#)

[Save](#) [Close](#)

3. Enter the required information and click Close and Return to eWiSACWIS.

90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Reports submitted to the Division of Safety and Permanence (DSP) that do not include all of the required information will be returned to the agency for proper completion. Do not identify individuals by name when completing this report. Individuals may be referenced by relationship or position; e.g., mother, father, child, sibling, physician, detective, etc.

Case Tracking Number: 123456 Agency: Milwaukee

Child Information (at time of incident)
 Age: 7 Gender: ☐ Female ☒ Male
 Race or Ethnicity: White, Caucasian
 Special Needs:

Date of Incident: 02/28/2012

Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:
Describe here...

Findings by agency, including maltreatment determination and material circumstances leading to incident:

☐ Yes ☐ No Criminal investigation pending or completed?
☐ Yes ☐ No Criminal charges filed? If yes, against whom?

Child's residence at the time of incident: ☐ In-home ☐ Out-of-home care placement

Complete the appropriate following section (A. or B. based on the child's residence at the time of the incident).

A. Children residing at home at the time of the incident:

Description of the child's family (includes household members, noncustodial parent and other children that have visitation with the child and / or in the child's family home):

☐ Yes ☐ No Statement of Services: Were services under ch. 48 or ch. 938 being provided to the child, any member of the child's family or alleged maltreater at the time of the incident, including any referrals received by the agency or reports being investigated at time of incident?

If "Yes", briefly describe the type of services, date(s) of last contact between agency and recipient(s) of those services, and the person(s) receiving those services:

Summary of all involvement in services as adults under ch. 48 or ch. 938 by child's parents or alleged maltreater in the previous five years: (Does not include the current incident.)

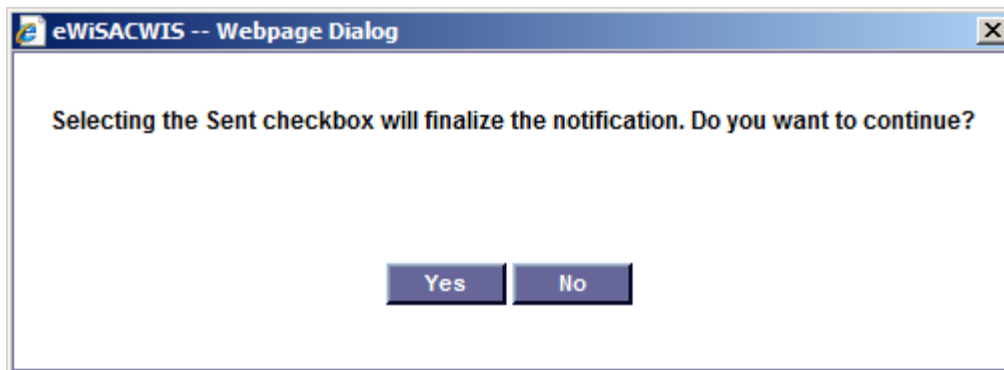
4. On the Notices History page, click Save. The Sent checkbox will now be selectable. If you are ready to send the report, click the Sent checkbox.

Case: [Oconomowoc, Mother \(9222162\)](#)

Document: 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

History				
Document Created By :	Date Created	Sent		
Cake, Caitlin M.	06/07/2013	<input type="checkbox"/>	Edit	

You will then receive the following message. Click Yes if you want to finalize and send the report.



5. The checkbox is now frozen. When the report is finalized, an e-mail is sent to DSP to notify them that a report has been submitted.

Notices History -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

Case: [Oconomowoc, Mother \(9222162\)](#)
Document: 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

History

Document Created By :	Date Created	Sent		
Cake, Caitlin M.	06/07/2013	<input checked="" type="checkbox"/>	View	

[Insert](#)

[Save](#) [Close](#)